

☐ Local Building Department

APPLICATION FOR VARIANCE

State Form 44400 (R7 / 10-13)
Approved by State Board of Accounts, 2013

INDIANA DEPARTMENT OF HOMELAND SECURITY CODE SERVICES SECTION

302 West Washington Street, Room W246 Indianapolis, IN 46204-2739 http://www.in.gov/dhs/fire/fp_bs_comm_code/



Variance number (Assigned by department) INSTRUCTIONS: Please refer to the attached four (4) page instructions. Attach additional pages as needed to complete this application. 15-29-04 1. APPLICANT INFORMATION (Person who would be in violation if variance is not granted; usually this is the owner) Name of applicant Owner 110000500 Name of organization Schiesz Address (number and street, city, state, and ZIP code) 2. PERSON SUBMITTING APPLICATION ON BEHALF OF THE APPLICANT (If not submitted by the applicant) Telephone number Name of organization 278-3 Address (number and street, city, state, and ZIP code) Ackson 3. DESIGN PROFESSIONAL OF RECORD (If applicable) License number ennet Name of organization 4. PROJECT IDENTIFICATION State project number County Name of project Marion Address of site (number and street, city, state Type of project ☐ Addition M Alteration ☐ Change of occupancy ☐ New 5. REQUIRED ADDITIONAL INFORMATION The following required information has been included with this application (check as applicable): A check made payable to the Indiana Department of Homeland Security for the appropriate amount. (see instructions) One (1) set of plans or drawings and supporting data that describe the area affected by the requested variance and any proposed alternatives. Written documentation showing that the local fire official has received a copy of the variance application. Written documentation showing that the local building official has received a copy of the variance application. 6. VIOLATION INFORMATION Has the Plan Review Section of the Division of Fire and Building Safety issued a Correction Order? Yes (If yes, attach a copy of the Correction Order.) ☐ No Has a violation been issued? ☐ Yes (If yes, attach a copy of the Violation and answer the following.) □ No Violation issued by:

☐ Local Fire Department

☑ State Fire and Building Code Enforcement Section

Name of code or standard and edition involved	Consider and a costion		
	Specific code section		
Nature of non-compliance (Include a description of spaces, equipment, etc. involved	1466 (2 10 (0.12 11/2 12.2		
This is a Standard, hand CAP SI	nower-dn eye wash will never		
This is a standard, hand cap shower - an exe wash will never be used and not meeded as the operation in the building are			
offices and wavehouse			
8. DEMONSTRATION THAT PUBLIC HEALTH, SAFETY, AND WELFARE WILL BE PROTECTED			
Select one of the following statements:			
Non-compliance with the rule will not be adverse to the public health, safety or welfare; or $ddngev$			
Applicant will undertake alternative actions in lieu of compliance with the rule to ensure that granting of the variance will not be adverse to public health, safety, or welfare. Explain why alternative actions would be adequate (be specific).			
Facts demonstrating that the above selected statement is true: The existing shower will do a least as good job if mot be Hen			
than deve wash			
	UEICANT CTRUCTURE		
9. DEMONSTRATION OF UNDUE HARDSHIP OR HISTORICALLY SIGNED Select at least one of the following statements:	NIFICANT STRUCTURE		
	lty) because of physical limitations of the construction site or its utility services.		
Imposition of the rule would result in an undue hardship (unusual difficulty) because of major operational problems in the use of the building or structure.			
Imposition of the rule would result in an undue hardship (unusual difficulty) because of excessive costs of additional or altered construction elements. Imposition of the rule would prevent the preservation of an architecturally or a historically significant part of the building or structure.			
Facts demonstrating that the above selected statement is true:			
Table demonstrating that the appropriate the second			
10. STATEMENT OF ACCURACY	and the second s		
10. STATEMENT OF ACCURACY I hereby certify under penalty of perjury that the information contain	ned in this application is accurate.		
I hereby certify under penalty of perjury that the information contain	Date of signature (month, day, year)		
I hereby certify under penalty of perjury that the information contains Signature of applicant or person submitting application Pleas Lev	print name Date of signature (month, day, year) 7-21-2015		
I hereby certify under penalty of perjury that the information contain Signature of applicant or person submitting application Pleas Signature of design professional (if applicable) Pleas	Date of signature (month, day, year) 7-21-2015 e print name Date of signature (month, day, year)		
I hereby certify under penalty of perjury that the information contain Signature of applicant or person submitting application Ren Hereby certify under penalty of perjury that the information contain Signature of applicant or person submitting application Pleas Ren Hereby certify under penalty of perjury that the information contain Signature of applicant or person submitting application Pleas Ren Hereby certify under penalty of perjury that the information contain Signature of applicant or person submitting application Pleas Ren Hereby certify under penalty of perjury that the information contain Signature of applicant or person submitting application Pleas Ren Hereby certify under penalty of perjury that the information contain Signature of applicant or person submitting application Pleas Ren Hereby certify under penalty of perjury that the information contain Signature of applicant or person submitting application Pleas Ren Hereby certification Signature of design professional (if applicable) Pleas	Date of signature (month, day, year) 7-21-3015 e print name Date of signature (month, day, year) Date of signature (month, day, year) 7-21-2015		
I hereby certify under penalty of perjury that the information contains application of applicant or person submitting application of the information contains application of applicant or person submitting application of the information contains application of application of the information contains application of application of application of application is submitted on the information contains application of application of application is submitted on the information contains application of applic	Date of signature (month, day, year) 7-21-2015 Date of signature (month, day, year) Date of signature (month, day, year) 7-21-2015 The applicant's behalf, the applicant must sign the following statement.)		
I hereby certify under penalty of perjury that the information contains application of applicant or person submitting application of the information contains application of applicant or person submitting application of the information contains application of application of the information contains application of application of application of application is submitted on the information contains application of application of application is submitted on the information contains application of applic	Date of signature (month, day, year) 7-21-3015 e print name Date of signature (month, day, year) Date of signature (month, day, year) 7-21-2015		

Would you like to reduce your turnaround time?

ELECTRONICALLY FILE YOUR PROJECT WITH STATE OF INDIANA at http://www.in.gov/dhs/2650.htm.

This on-line filling is through a secure site, you can use it to submit your project information, pay the fees and upload your project plans.

Use Internet Browser to View this report, other browsers are not compatible to view this report



CONSTRUCTION DESIGN RELEASE

State Form 41191 (R9/5-98)

Report Printed on: April 3, 2014

Indiana Department of Homeland Security DIVISION OF FIRE & BUILDING SAFETY PLAN REVIEW DIVISION 402 W. Washington St., Room E245 Indianapolis, IN 46204



To: Owner / Architect / Engineer krM Architecture

Kenneth R. R Montgomery AR00031439

1020 Jackson St

Anderson IN 46011

Fax & e-mail: 7656498477, kmontgomery@krMarchitecture.com

Project number		Release date	
370681		04/03/14	
Construction type Occupa		ncy classification	
I-B, SPK	B, F-1, REM		
Scope of release			
ARCH ELEC FDN MECH PLUM STR	I		
Type of release			
Standard			
Project name			
Proposed Offices for Louis Schiesz			
Street address			
1925 Shelby St			
City	County		
Indianapolis	MARION		
·			

The plans, specifications and application submitted for the above referenced project have been reviewed for compliance with the applicable rules of the Fire Prevention and Building Safety Commission. The project is released for construction subject to, but not necessarily limited to, the conditions listed below. THIS IS NOT A BUILDING PERMIT. All required local permits and licenses must be obtained prior to beginning construction work. All construction work must be in full compliance with all applicable State rules. Any changes in the released plans and/or specifications must be filed with and released by this Office before any work is altered. This release may be suspended or revoked if it is determined to be issued in error, in violation of any rules of the Commission or if it is based on incorrect or insufficient information. This release shall expire by limitation, and become null and void, if the work authorized is not commenced within one (1) year from the above date. CONDITIONS:

Note :(A1A & A1B): In accordance with the affidavit sworn under penalties of perjury in the application for construction design release the plans and specifications filed in conjunction with this project shall comply with all of the applicable rules and laws of Fire Prevention and Building Safety Commission. Providing false information constitutes an act of perjury, which is a Class D felony punishable by a prison term and a fine up to \$10,000.

In accordance with Section 19 of the General Administrative Rules (675 IAC 12-6-19) a complete set of plans and specifications that conform exactly to the design that was released by the office of the state building commissioner shall be maintained on the construction jobsite as well as a copy of the design release.

4G0603AF

Detailed plans and specifications for the revised fire suppression system shall be filed with the required application and appropriate fees in accordance with 675 IAC 12-6-3(a), 675 IAC 12-6-7(g)(17), and 675 IAC 13-1-8. (N.F.P.A. 13)

8M0920

Suspended-type unit heaters shall be installed and supported in accordance with Section 920, IMC (675 IAC 18-1.5).

8B2900B

A minimum of one (1) emergency shower and eyewash is required in accordance with Table 29, IBC (675 IAC 13-2.5).

Please be advised that if an administrative review of this action is desired, a written petition for review must be filed at the above address with the Fire Prevention and Building Safety Commission identifying the matter for which a review is sought no later than eighteen (18) days from the above stated date, unless the eighteenth day falls on a Saturday, a Sunday, a legal holiday under State statute, or a day in which the Department of Fire and Building Services is closed during normal business hours. In the latter case, the filing deadline will be the first working day thereafter. If you choose to petition, and the before-mentioned procedures are followed, your petition for review will be granted, and an administrative proceeding will be conducted by an administrative law judge of the Fire Prevention and Building Safety Commission. If a petition for review is not filed, this Order will be final, and you must comply with its requirements.

Code review official GERALD KELLEY
gkelley@dhs.in.gov

Address (name,title of local official,street,city,state and ZIP code
Chief Building Code Analyst
Mark Sinsko

Divison of Compliance
1200 Madison, Suite 100
INDIANAPOLIS, IN 46225
Fax & e-mail: 3173275552, permitquestions@indy.gov